

Town of North Stonington Housing Rehabilitation Program Application



Notice to Applicants: **PLEASE PRINT ALL INFORMATION CLEARLY**
This Application is Strictly Confidential

Do Not Write in This Section: **Application No:** _____ **Initials:** _____
Date Received: _____ **Time:** _____ **Date Approved:** _____

Name of Applicant(s): _____

Address: _____

City, State, Zip: _____

Phone (home): _____

Phone (work): _____

Phone (cell): _____

Email: _____

Social Security Number of Applicant(s): _____

Is your property owner occupied? YES _____ NO _____

Property Location: _____

Is your property single _____ or multifamily _____?

If multifamily, how many units? _____

**(for multifamily, each apt./unit must complete a separate copy of Page 2 and include
copies of all required backup financial documentation)**

Briefly describe the work needing to be done:

List **all** individuals living at this address (include applicant, spouse, children, non-family members, etc..)
(for multi-family homes, please copy this page and complete a separate sheet per apt./unit)

***Note: Annual Income declared below must include gross income, in addition to any benefits and/or compensation (ie: social security, disability, unemployment, pension, child support, alimony, etc.)*

Address _____ Apartment / Unit # _____

Name	Age	Race/Ethnicity	Handicapped?	**Annual Income

Financial documentation is required of all household members. Please attach copies of the following for each member of the household:

1. The most recent tax return (Form 1040) (for ALL household members who file)
2. Three most recent pay stubs (for ALL household members who are employed)
3. Social security benefit statement (for ALL recipient household member)
4. Pension, unemployment compensation, child support, alimony or any other benefit statement (for ALL recipient household members, if applicable)

Please estimate total of all mortgage debt still owed on this property: _____ \$

1. Please attach copy of field card/assessment (from assessor's office)

Are you up to date on all your municipal taxes (including sewers)? YES _____ NO _____

1. Please attach copy of tax currency printout (from tax collector's office)

Is anyone in the household an employee of the municipality? YES _____ NO _____

I authorize the program to obtain required information regarding statements made in this application and certify that all statements and documents submitted are true and complete to the best of my knowledge:

Print Name: _____

Sign Name: _____

Date: _____

The Program is administered by Lisa Low & Associates

Please return the completed form with the required documentation to:

Town Clerk's Office

New Town Hall

40 Main Street, North Stonington, CT 06359

Applications will be
accepted starting
8:00 AM October 1st

KEEP FOR YOUR RECORDS

Checklist

Please verify before returning that you have completed/included all required documents. Only completed applications will be considered.

- ☐ Completed Application Form
- ☐ Last year's tax returns for all members of household 18 or over
- ☐ Last three check stubs for all household residents 18 or over
- ☐ Documentation of all other income (pensions, social security, disability, child support, etc)
- ☐ Copy of field card/assessment from the Town Assessor's Office
- ☐ Copy of tax currency printout from the Tax Collector's Office

If you have any questions regarding what specific supporting documents to include, please call 203-888-5624 for more information.

2014 HUD INCOME LIMITS

FY 2014 Income Limits Summary

FY 2014 Income Limit Area	Median Income <div></div>	FY 2014 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
North Stonington town	\$84,600	Very Low (50%) Income Limits (\$) <div></div>	29,650	33,850	38,100	42,300	45,700	49,100	52,500	55,850
		Extremely Low (30%) Income Limits (\$) <div></div>	17,800	20,350	22,900	25,400	27,450	29,500	31,500	33,550
		Low (80%) Income Limits (\$) <div></div>	44,750	51,150	57,550	63,900	69,050	74,150	79,250	84,350